

Registration District No. 609

Primary Registration District No. 4363

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town NEOSHO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)  
In this community 40 years

3. (a) PRINT FULL NAME

JESS A LEIGHTY

3. (b) If veteran, name war L  
3. (c) Social Security No. 500-09-2023

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife BERTHA LEIGHTY 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased AUGUST 6 1893  
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 3 If less than one day hr. min.

9. Birthplace TEXAS COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CONTRACTOR

11. Industry or business CARPENTER

12. Name WILLIAM LEIGHTY

13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name ALICE GARRISON

15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Leighty

(b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof JULY 11 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DEER CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address NEOSHO MISSOURI

19. (a) July 16 1944 (b) Wm R. Sale  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON  
(c) City or town NEOSHO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 9  
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from October 16 1940 to July 9 1941  
that I last saw him alive on July 9 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Spine, originating about 4th or 5th Dorsal vertebra  
Due to Not known

Due to 56  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (Specify type of injury)  
While at work

23. Signature Wm R. Sale (M. D. or other)

Address Neosho, Mo. Date signed 7-16

RECEIVED

District Health Officer No. 61

District File Number 841-1371

Date filed AUG 12 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Donald Reed, Registered Apprentice No. 202  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2689

P. O. Address Waukegan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.